State of Florida
Department of Highway Safety and Motor Vehicles
Division of Driver Licenses

Certification for Waiver of Skill Test for Military Personnel

This form is used by active duty military personnel or military personnel who have separated from service no more than 90 days before this application date. The form is to be completed by you and your commanding officer and returned to the driver license office. If you do not meet all of the requirements listed, you will be required to successfully pass the Commercial Driver License Skills Tests.

Applicant Information & Certification

_____ _____ _____
First Name   Middle Name   Last Name

_____ _____
Date of Birth   Driver License Number

☐   For at least two years immediately preceding this application, I have operated a motor vehicle representative of the Commercial Driver License classification I am applying to operate.

I certify that the statements are true and correct to the best of my knowledge.

_____
Signature

_____
Date

Employer Certification

Please indicate the vehicle classification this applicant is qualified to operate:

☐   **Class A** – Truck-trailer combinations with a combined Gross Vehicle Weight Rating (GVWR) of 26,001 or more, provided the towed vehicle is more than 10,000 lbs.

Was the Class A vehicle trailer a "Semitrailer"? (Any vehicle without motive power designed to be coupled to or drawn by a motor vehicle and constructed so that some part of its weight and that of its load rests upon or is carried by another vehicle)

☐   Yes   ☐   No

Was the Class A towing vehicle a "Truck tractor"? (A motor vehicle which has four or more wheels and is designed and equipped with a fifth wheel for the primary purpose of drawing a semitrailer that is attached or coupled thereto by means of such fifth wheel and which has no provision for carrying loads independently)

☐   Yes   ☐   No

☐   **Class B –** Straight trucks weighing 26,001 lbs. Gross Vehicle Weight Rating or more. These vehicles may also tow vehicles with a GVWR of 10,000 lbs or less.

Was the applicant qualified to operate vehicles designed to carry 16 or more persons, including the driver?

☐   Yes   ☐   No

Was the vehicle used to transport children to and from school?

☐   Yes   ☐   No

Was the vehicle equipped with air brakes?

☐   Yes   ☐   No

(Certification must be made by applicant's commanding officer or transportation officer)

I certify that _____ has operated vehicles
                              Name of Driver
representative of the classification listed on this application for at least two years prior to this date   _____.

Name:_____Rank: _____

Address:_____

Telephone number:_____

_____
Signature

_____
Date